

Delaware Health and Social Services
Medical Care Advisory Committee (MCAC)
March 13, 2013 Meeting Minutes

| Date: March 13, 2013 Place: Easter Seals Kearns Center 61 Corporate Circle New Castle, DE 19720 Time: 9:00 a.m. – 11:00 a.m. Presiding: Dr. Julia Pillsbury, D.O. | | Members Present: Calvin Freedman, Olga Ramirez, Kris Bennett, Jim Lafferty, Dr. Leonard Nitkowski, M.D., Dr. Glen Goleburn, D.M.D., Lisa Schieffert, Dr. Julia Pillsbury, D.O., Ann Phillips, Penny Chelucci (via phone), Yrene Waldron, Lynn Robinson Guests: Viswanathan Bhavana, Gwen Cleary, Cheryl Heiks, Kara Shatslin Members Absent: Richard Cherrin, Wendy Gainor, Brandy Niezgoda, Lori Ann Rhoads Staff Present: Dr. Anthony Brazen, D.O., Cindy Denemark, Becki Gallagher, Steve Groff, Dave Michalik, Greg Roane, Glyne Williams, Lisa Zimmerman Staff Excused: Fury Fecundo, Barbara Jackson, Jill Rogers, Jose Tieso, Kay Wasno | |
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| TOPIC FOR DISCUSSION | DISCUSSION / ISSUE | ACTIONS | FOLLOW UP RESPONSIBILITY |
| Call to Order: <i>Dr. Julia Pillsbury, D.O.</i> | Dr. Pillsbury greeted everyone and called the meeting to order at 9:01 a.m. | | |
| Approval of Minutes: <i>Dr. Julia Pillsbury, D.O.</i> | <p>Dr. Pillsbury called for any additions, alterations or corrections to the December 12, 2012 minutes. Dr. Pillsbury called for a correction on page 8, first bullet point that read, “they’ve applied for a federal grant to do a project for children’s health care needs.” to “they’ve applied for a federal grant to do a project for children with special health care needs. Dr. Goleburn called for a correction to page 6, last bullet point from “discontinued this service as dentists did not want to pay for it” to discontinued this service as a few dentists did not pay their invoices.</p> <p>Mr. Lafferty motioned to accept the minutes as amended. Ms. Ramirez seconded the motion. Motion carried.</p> <p>Due to time constraints of the participants on the Agenda, it is necessary to rearrange the order of the reports.</p> | Recorder will correct and post minutes. | |
| Medical Homes for CSHCN <i>Viswanathan Bhavana</i> | <p>Dr. Pillsbury announced that Betsy Wheeler was not available to present the information to the committee, and introduced Ms. Bhavana to perform the presentation. (See attachment #1).</p> <p>A brief question and answer period ensued regarding the project.</p> | | |

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| Pharmacy Update <i>Cindy Denmark</i> | <p>Ms. Denmark reported:</p> <ul style="list-style-type: none"> • PDAC – the task force the Governor created to look at controlled substances and the epidemic of opioid abuse. The committee should put forth their recommendations to the Governor early next week. • We have also been working closely with James Collins, who oversees the Prescription Monitoring Program that collects all dispensed substances in the state; that will allow the state to look at patterns across all payors. We have some very nice processes in place to put the pieces together and identify some action plans for our clients as well as practitioners. • The third partnership that has moved forward is with DSAMH as we have realized with all the work we are doing, has created a need for more treatment options for dependence. <p>A discussion period developed regarding treatments, regulations, etc.</p> | | |
| DMMA Update <i>Director Steve Groff</i> | <p>Director Groff reported:</p> <ul style="list-style-type: none"> • Director Groff provided the JC presentation for the Committee to peruse. • The Medicaid program is undergoing some pretty dramatic change along with everyone else in the healthcare industry. We will be working along with other health insurance payors and providers to develop new ways of delivering and reimbursing services to coordinate care and ensure our enrollees are receiving the best possible outcomes. That will require quite a number of partnerships. I think one of the major factors going forward that will drive this effort is going to be the CMMI innovation grant; the state received 2.5 million dollars for the first phase of this process. Basically, that involves developing an entire strategic plan for the state moving forward to transform healthcare. There will be multiple work streams to focus not only payment reform but work force development and service delivery. More information on the proposal can be found on the Healthcare Commission website: http://dhss.delaware.gov/dhcc . There is a very aggressive time line and things will be moving very rapidly. I believe they will be soliciting input from interested parties, so if there is any interest, please reach out to Jill Rogers. • As far as the budget for our division going into 2014, the Governor has | | |

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| <p>DMMA Update Cont'd <i>Director Steve Groff</i></p> | <p>recommended 24.6 million dollars for our projected growth. We've seen almost no growth in enrollment since October. The program has been very flat and we feel comfortable with this appropriation.</p> <ul style="list-style-type: none"> • We are moving forward with the ACA implementation. We are planning to do the expansion, some of which will take effect this year. • We will be submitting a renewal for our 1115 Waiver which governs our existing Medicaid program. That is due to CMS by June 30th. There will be a public process in May, which is now required. We hope to have the opportunity to discuss it at the next meeting. We will have to incorporate all the changes that will take effect in 2014. • We are working with the Division of Social Services to completely modernize our Eligibility Enrollment System to be able to incorporate the changes on how we determine eligibility based on the new MAGI rules. That project is moving along very well; we are ahead of most states and were invited to be in the first wave of state to test our ability to interact with the federal exchange and the federal data hub; we were pleased by that. • A brief question and answer period resulted. | | |
| <p>DSHP Update <i>Glyne Williams</i></p> | <p>Mr. Williams reported:</p> <ul style="list-style-type: none"> • We now have one year experience with the Diamond State Health Plan Plus – moving long term care into Managed Care. • We now return to open enrollment which will happen in May. We are beginning the education process; sharing information with individuals about the managed care organizations and the benefits they are currently receiving. • We continue our quality oversight. We have made that more robust considering the needs of the population. That need comes more with the long term care group but certainly some overshoot to the Diamond State Health Plan Program. • We continue our joint visits; our DMMA nurses continue to visit with individuals in their homes along with the MCO's to make sure we are covering all the bases and individuals are receiving the services they require. We will begin to look at medical records to ascertain that what is | | |

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| Health Care Benefits Update <i>Crystal English</i> | <p>being documented falls in stride with what we have seen on the road as we visit individuals.</p> <ul style="list-style-type: none">• This month we are doing a member satisfaction survey specific to the Plus population, trying to determine if clients are satisfied with the current case management program. We will produce the results of this survey at the June meeting.• We are working with the MCO's and preparing them for our External Quality Review Organization between now and July. August will be the full-fledged review of the MCO's to include the Plus Program, which is the new addition.• Unfortunately, the Quality Measure Grant we had applied for to receive funding for performance measures and the opportunity to improve the way we do things did not get funded.• The PACE (Program of All-inclusive Care for the Elderly) program at St. Francis LIFE continues to market. CMS has given approval to enrolling individuals in the program. At this stage, we have 5 participants and 8 potential participants. It is anticipated that St. Francis will enroll 5 individuals a month over some period down the line.• A brief discussion period followed. <p>Ms. English reported:</p> <ul style="list-style-type: none">• Ms. English passed out a detailed update (attachment 2) on what has transpired regarding the Health Benefit Exchange for the state. She focused on the fact that from about this time last year, the state was at a position where we had done our research regarding the various types of exchanges and what Delaware's particular landscape looked like. Delaware had selected to go with a federal / state partnership model for Health Benefits Exchange. From that point forward, we have been working to fulfill those parts of the partnership that our state is responsible for. Our activities have largely been focused on developing the plan management and consumer assistance functions. We have completed a plan management operations manual which has largely been done by resources in the Department of Insurance. We are currently ironing out the functions associated with | | |
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| <p>Policy Update <i>Dave Michalik</i></p> | <p>consumer assistance issues.</p> <ul style="list-style-type: none">• Another key piece of work is the Essential Health Benefit Benchmark... Per the ACA, any health plan that is for an individual or small business must meet certain standards. Whatever standards are selected, any plan offered within the exchange must comply with these standards.• A lengthy discussion period proceeded. <p>Mr. Michalik reported:</p> <ul style="list-style-type: none">• According to the ACA requirements, states are required to pay certain qualifying providers Medicare equivalent rates for 2013 and 2014. Those potential qualifying providers are those who specialize in family medicine, general internal medicine or pediatric medicine or a sub-specialty of one of those areas. To qualify, a primary care physician must either have Board Certification in one of those areas, or if lacking that, can attest that they bill at least 60% of certain evaluation management and vaccine codes to the Medicaid program.• We have approached getting the self-attestation forms up in 2 phases; one is an interim form (attachment 3) a fillable form available on the DMAP website. Ultimately, we will be putting up an electronic form which will be able to accommodate attestations right then and there and nothing will be involved. This form will involve filling out an email to HP who will also share with the MCO's. The date by which physicians can submit these forms is June 30th of this year to qualify for reimbursement back to January 1st for these primary care and vaccine management codes. Anyone who attests July 1st or later will simply get the enhanced payments going forward.• The SPA must be submitted by March 31, 2013.• A brief question and answer period resulted. | | |
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| <p>New Business</p> <p>Review of the MCAC By-Laws <i>Dr. Julia Pillsbury</i> <i>Kris Bennett</i> <i>Lisa Schieffert</i></p> | <p>The subcommittee recommendations are as follows:</p> <ul style="list-style-type: none"> • Changing the title which should actually be the Medical Advisory Committee By-Laws because the regulations define it as that. You will see that correction in the second paragraph of the preamble although we did decide to retain MCAC as our abbreviated header. • The composition of the committee showing representatives of fields. • The mission statement did not previously exist and we are required to have one. We composed a mission statement adding and editing objectives. • We are still searching for the original specific membership list when the committee was first established. Dr. Pillsbury asked that if anyone is in possession of the original membership list that they kindly forward it to the sub-committee. • The two areas the sub-committee wanted to engage the group in the most discussion: <ol style="list-style-type: none"> 1. Article 2, regarding officers, states that we are to elect a Chair and Vice Chair annually; we are out of compliance. 2. There are also term limits in the by-laws which we obviously exceeded. • Some thoughts the sub-committee had was that once a year is a bit excessive; we thought every two years was reasonable. We had some suggestions for criteria for becoming the Chair or Vice Chair feeling that there was a learning curve that occurs. We recommend that the Chair or Vice Chair should have at least 2 years on the MCAC so as to have some experience and history. • We questioned whether the Vice Chair should be encouraged to automatically move into the Chair position; do we want to have that conversation? • We also questioned the need to have a provision for emergency election in case someone relocated and was unable to fulfill their term? We felt Article 2 was very deficient in terms of meeting the needs of the community going | | |
| <p>Review of the MCAC By-Laws Cont'd <i>Dr. Julia Pillsbury</i> <i>Kris Bennett</i> <i>Lisa Schieffert</i></p> | | | |

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| Public Comment | <p>forward.</p> <ul style="list-style-type: none">• In Article 5, the other concern we had was the by-laws were to be reviewed every 3 years and the last time they were reviewed was 2001, so we are out of compliance with that requirement as well.• We questioned the possibility of electronic voting; we have done that with a few items in between our meetings in the past, but don't have any provisions in the by-laws to allow for that. One of the things we considered is any changes we make, these by-laws never get approved because the current by-laws state that we have to give 15 days' notice to review them and we only meet every 3 months. If we agreed on the document today, we are obviously going to have to make changes. We will have to distribute it electronically including the folks not in attendance today, give them 15 days to review it and technically not be voting on it for 3 months and perhaps more changes would be suggested. We wanted to get the groups feeling about some means for electronic documentation on voting on any issue that comes up.• The sub-committee felt the need to discuss the officers issue and discuss when we would like to have an election and when these things should be reviewed. They recommended that the term of the chair and vice chair should occur in June so it is consistent with the budget year; officers would assume their role at the June meeting and the by-laws should be reviewed in the December meeting. Every 6 years, we would be electing new officers and reviewing the by-laws as well, with the March meeting being the approved deadline for approval of the by-laws.• Some discussion ensued concerning Committee Membership.• A brief discussion regarding electronic participation followed.• Discussion turned to the Mission Statement, sub-committees, grievances and provider appeals.• Dr. Pillsbury encouraged the Committee to submit suggested changes to the by-laws within the next 30 days.• No public comment was offered. | | |
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| Adjournment <i>Dr. Julia Pillsbury</i> | <ul style="list-style-type: none">• Being no further business, Dr. Pillsbury adjourned the meeting at 11:15 a.m. | | |
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Respectfully submitted,

Rebecca Gallagher
Rebecca Gallagher, Recorder

Date Approved

Richard Cherrin, Chairman